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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Registered No. 56  County Gilas State Or BIRTH  District or Township Or Village Or Vil	
1. PLACE OF BIRTH  County Gila STANDARD GERTIFICATE OF BIRTH  County Gila State Grydna  District or Township Or Village O	
County Gila State Willows or Village Or Vill	
District or Township	
District or Township	
City Miami No. 1/36 Authority St. Maria NAME instead of street and number (If birth occurred in a hospital or institution, give its NAME instead of street and number)  2. Full name of child Carlos Montes (If child is not yet named, make supplemental report, as directed.  3. Sex of Child To be answered ONLY 4. Twin, triplet or other 0. Legitimate? 7. Date of birth Steven St. No., in order of birth	
2. Full name of child.  3. Sex of Child To be answered ONLY in event of plural births.  5. No., in order of birth.  FATHER  Full name  9. Residence (Usual place of abode)  15. Residence (Usual place of abode)  16. Color or race  16. Color or race  17. Date of birth Alev I 1929  7. Date of birth Month Day Year  14. Full maiden name Luadalupe Lora  15. Residence (Usual place of abode)  16. Color or race  17. Date of birth Month Day Year  18. MOTHER  Full maiden name Luadalupe Lora  19. Residence (Usual place of abode)  19. Color or race  10. Color or race	
2. Full name of child	
3. Sex of Child To be answered ONLY in event of plural births.  8. FATHER Full name Jose' Montes  9. Residence (Usual place of abode) Mianin , Argoni If non-resident, give place and state.  10. Color or race  10. Legitimate?  11. Mother of birth Day Year  12. Mother Full maiden name Luadalupe Lora  13. Sex of Child To be answered ONLY in event of plural place of birth Uses I footon of plural place of birth Uses I footon or race  11. Color or race  12. Date of birth Lev J /929  14. Month Day Year  15. Residence (Usual place of abode) Mianin / Argoni If non-resident, give place and state.  16. Color or race	
8. FATHER Full name  9. Residence (Usual place of abode)  15. No., in order of birth  14. MOTHER Full maiden name Luadalupe Lora  15. Residence (Usual place of abode)  16. Color or race  17. Residence (Usual place of abode)  18. Residence (Usual place of abode)  19. Residence (Usual place of abode)  19. Color or race  10. Color or race  10. Color or race	
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If non-resident, give place and state.  If non-resident, give place and state.  16. Color or race	
10. Color or race	
10. Color or race	
Mexican 11. Age at last birthday (Years) 17. Age at last birthday (Years)	
18. Birthplace (city or place)	
12. Birthplace (city or place)	
(State or country) Mex: W (State or country)	
13. Occupation 19. Occupation forms	
Nature of Industry Nature of Industry	
Cakker     21. Were precautions taken against oph-	
20. Number of children of this mother	
(Taken as of time of birth of cand percent and the condition of the condit	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 5	
I hereby certify that I attended the birth of this child, who was (Born alive on stillborn.)	
* When there was no attending physician Signature Signature	
or midwife, then the factor, nouseculous,	
child is one that neither breathes nor shows other evidence of life after birth.	
Man assistant	
aupplemental report Month, day, year	
Registrar Registrar	
342-1208-731	
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